Foster Family Home - Corrective Action Report

Provider ID: 1-130018

Home Name: Margaret Ibus, NA Review ID: 1-130018-7

94-1210 Hinaea Street Reviewer: Jackie Chamberlain

Waipahu HI 96797 Begin Date: 5/17/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may

delegate client care and services as provided in chapter 16-89-100.

Comment:

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

Foster Family Home

47 (d)(1) - Unable to locate physicians order for

Records

| 1 Ooter 1 ann | ny nome neodras | [11 000 04] | |
|---------------|---|--|-----|
| 54.(c)(5) | Medication schedule checklist; | | |
| 54.(c)(6) | social worker monitoring flow sheets, client observ | nrough personal care or skilled nursing daily check list, RN vation sheets, and significant events that may impact the lift vices to the client, including but not limited to adverse even | fe, |
| 54.(c)(7) | Expenditure records; and | | |
| 54 (c)(8) | Personal inventory | | |

[11-800-54]

Comment:

54.(c)(5) Medication administration record has not been signed since 5/14/21 for client 1 and 2

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list including vital signs has not been filled out since May 14 2021 for client # 1 and 2

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

54.(c)(8) Client # 1 and 2 No client belonging record documentation

ompliance Manager

Primery Care Give

 $\frac{5/18}{2}$ Date $\frac{5/18}{2}$

Page 1 of 1